Department of Labor & Industries Audit Discovery Unit PO Box 44150 Olympia WA 98504-4150



INDUSTRIAL INSURANCE **AUDIT REFERRAL**

I suspect the following employer is not reporting workers hours according to Industrial Insurance laws: (please answer as many of the following questions as possible.)

Account ID	UBI No	Date
Firm name		
Owner's name	Phone	e
Mailing address	City	State ZIP + 4
Physical location	City	State ZIP + 4
Number of employees		
	L: (Include type of business, location of actor's Registration number, if known.)	If work where the violation was
Please provide the name, address	and phone number of a contact person who wil	l be able to assist us if we need to contact you
Name (optional) print		Phone No.
Address	City	State ZIP
further assistance. We will investign in ware that we may be required the disclosure of your identity when	have provided. It will be helpful if you leave y gate this information whether you provide you of disclose your referral upon request, include we receive written notice from you request son's life, physical safety, or property, pursuant	our name or remain anonymous. Please be ding your name if given. We can withhold ng that it not be released because you fear
understand that my identity and n	ny statement may be disclosed if court testimor	ny is required.
Signature	Date To the best of my kno is a true and accurate	
Completed by (print)	Signature	Are you a Labor & Yes No
Office address	E-mail address	Mail Stop Phone number

Please send to:

Haladadadallandadalahadbdallandadl Audit Discovery Unit

Department of Labor & Industries

PO Box 44150

Olympia WA 98504-4150

For your convenience you may fold this form, using the small marks on the left, so the address at left will show in a window envelope, or you may send to your local Labor & Industries service location.